

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	
1	1									
2	1									
3	1									
4	1									
5		4								
6		4								
7		4								
8		4								
9		4								
10		4								
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30		4								
31		4								
32		4								
33		4								
34		4								
35		0								
36		0								
37		1								
38		0								
39		1								
40		4								
41		4								
42		4								
43		4								
44		4								
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54		4								
55		4								
56		0								
57		0								
58		0								
59		0								
60		1								
61		1								
62		1								
63		4								
64		4								
65		4								
66		4								
67		3								
68		3								
69		3								
70		3								
71		1								
72		1								
73		1								
74		1								
75		1								
76		1								
77		1								
78		0								
79		0								
80		0								
81		0								
82		4								
83		4								
84		4								
85		4								
86		4								
87		4								
88		4								
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96		0								
97										
98										
99										
100										
TOTAL IND.	4						TOTAL IND.			
TOTAL DEP.	271						TOTAL DEP.			
TOTAL CLAIMS	96						TOTAL CLAIMS			

Total chargeable = 275* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS